Effective October 1, 2001												4					
とは対す CLAIMS AS FILED - PART I 8/10 04 Sm ( (Column 1) (Column 2)							SMALL ENTITY TYPE			OR	OTHER THAN						
TOTAL CLAIMS							RAT	E ]	FEE		RATE	FEE					
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE :	370.00	OR	BASIC FEE	740.00					
TOTAL CHARGEABLE CLAIMS			→ minus 20= '		* 38		X\$ 9	=		OR	X\$18 <del></del> ₹						
INDEPENDENT CLAIMS			(e mir	nus 3 =	* 2	*2)		<u> </u>		OR	X84=						
MULTIPLE DEPENDENT CLAIM PRESENT							+140	=	-	OR	+280=						
* If the difference in column 1 is less than zero,					"0" in c	olumn 2	TOTA	L.		OR	TOTAL						
CLAIMS AS AMENDED - PART II								OTHER THAN									
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST									OR	SMALL						
ENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT		addi- Tonal Fee		RATE	ADDI- TIONAL FEE					
AMENDMENT	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18≈						
AME	Independent	*	Minus	***	F CL AIM	=	X42	= ]		OR	X84=						
┞╌	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							=.		OR	+280=						
							TO ADDIT. F			OR	TOTAL ADDIT, FEE						
		(Column 1)		(Colu		(Column 3)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
MENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	en e	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE					
NON	Total	*	Minus	**	· · · · · · · · · · · · · · · · · · ·	=	X\$ 9	=		OR	X\$18=						
AME	Independent	* NTATION OF M	Minus	***	CL AIM	=	X42:	=		OR	X84≈						
-	THEOL	WATION OF MI	OLIN LE DEI	LIVELIV	OBAIN		+140	=		OR	+280=						
							to addit. F			OR	TOTAL ADDIT. FEE						
		(Column 1)		(Colui		(Column 3)											
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	14 14 14 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16			PRESENT EXTRA	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE					
Š	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=						
AME	Independent	* NTATION OF M	Minus	***	T CL AIM	[=	X42=	-		OR	X84=						
	I INOI PRESE	NIAHON OF W	OLIII EE DEF	FINDEIN			+140	=		OR	+280=						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								AL		OB	TOTAL						
***	If the "Highest Nu	mber Previously P	aid For" IN THI	S SPACE	is less tha	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20.  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

Application or Docket Number